

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913020

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		0				
6		0				
7		0				
8		0				
9	1					
10		1				
11		0				
12		0				
13		0				
14		0				
15		1				
16		1				
17		1				
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21		1				
22		1				
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31			1			
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39			1			
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				0		
TOTAL IND.	10					
TOTAL DEP.	22					
TOTAL CLAIMS	32					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52			1			
53			1			
54			1			
55			1			
56			1			
57			1			
58			1			
59			1			
60			1			
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95						
96						
97						
98						
99						
100						
TOTAL IND.			11			
TOTAL DEP.			19			
TOTAL CLAIMS			30			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS